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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K90407** **(3)**

1. Corporation Name

GAINES LAWN MAINTENANCE AND LANDSCAPING INC.

Principal Place of Business	Mailing Address
C/O MEREDITH R. GAINES 7067 ARCHWOOD DR. ORLANDO FL 32819	C/O MEREDITH R. GAINES 7067 ARCHWOOD DR. ORLANDO FL 32819

2. Principal Place of Business
21 1104 WURST Rd.
Suite, Apt. #, etc.
22
City & State
23 Ocoee, Florida
Zip
24 34761
Country
25 ORANGE

2a. Mailing Address
26 P.O. Box 615
Suite, Apt. #, etc.
27
City & State
28 WINTER GARDEN, FL.
Zip
29 34777
Country
30 ORANGE

3. Date Incorporated or Qualified: 05/24/1989

3a. Date of Last Report: 04/24/1995

4. FEI Number: 59-2942728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GAINES, MEREDITH R.
7067 ARCHWOOD DR.
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: GAINES, Meredith R.
82 Street Address (P.O. Box Number is Not Acceptable): 1104 WURST Rd.
83
84 City: Ocoee FL 85 Zip Code: 34761

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature required when new agent is appointed)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAINES, MEREDITH R. 7067 ARCHWOOD DR. ORLANDO FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAINES, HARRIET L. 7067 ARCHWOOD DR. ORLANDO FL	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Whatley, Judy 1104 WURST Rd. Ocoee, FL. 34761	☐ Change ☒ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Meredith R. Gaines Meredith R. Gaines 4/1/96 407-877-7554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #